YUUK PREVENTIVE STE SCREEN Health Risk Appraisal

- **✓Lipid Profile**
- **✓**Chemistry Profile
- **✓**Hemogram
- **✓ Blood Pressure**
- **☑**Height & Weight

GUIDE AND PERSONAL HEALTH JOURNAL

PREVENTION PARTNERS

South Carolina Budget and Control Board-Employee Insurance Program www.eip.state.sc.us - click on the Prevention Partners logo

The Employee Insurance Program wants to help you and your employees lead healthier lifestyles. The State Health Plan Prevention Partners educates volunteer coordinators and benefit administrators at worksites throughout the state.

The mission of *Prevention Partners* is to provide activities, programs and services in the following areas:

Disease Prevention
Early Detection of Disease
Demand Management
Health Promotion

Participation is open to all worksites covered by the State Health Plan, including state agencies, public school districts, county offices and local subdivisions. Participation in this FREE service is simple and easy. To become active, a worksite names a volunteer coordinator and files a letter of intent with *Prevention Partners*. If your worksite is not currently active, please see your benefits administrator or contact *Prevention Partners*.

Cost Savings Tip:

Take a copy of your screening results to your doctor. This can save you money and keep you from duplicating tests.

The State Health Plan Preventive Worksite Screening

SCREENING COMPONENTS:

ABOUT RISK FACTORS

Research has shown that many *risk factors* can affect our health. Risk factors can be divided into two categories.

Those that **cannot be modified:**

Age/gender/ethnicity
Family history
Personal health history
Height

Those that can be changed:

Weight
Nicotine and alcohol consumption
Diet
Physical activity level
Stress/coping with stress
Personal auto-safety habits
Exposure to other deadly hazards

The following components of the Preventive Worksite Screening will address both types of risk factors and how to prevent and/or manage various health conditions. The screening components to be explained in this section are:

Health Risk Appraisal
Blood Pressure
Height and weight
Blood lipid profile
Blood chemistry profile
Hemogram

HEALTH RISK APPRAISAL (HRA)

The HRA is an anonymous questionnaire that gathers important information regarding a person's health and uses that information to predict potential health risk. The information gathered includes a person's **lifestyle choices** (smoking, exercise, seatbelt use), **ethnicity, family medical history** (cancer, heart disease, etc.) and **clinical data** (current medical conditions), this can help an individual determine their level of risk for disease.

Risk of disease may increase or decrease according to your personal risk factors. For example, people of African-American, Hispanic and American Indian descent are at higher risk for developing diabetes than members of other ethnic groups. It is impossible to change one's ethnic background and family medical history. However, knowing that certain traits can place a person at risk for developing certain health problems is the first step in preventing and/or managing those health problems.

BLOOD PRESSURE

What is it?

"Blood Pressure" is the pressure exerted by a person's blood volume against the walls of the arteries. Blood pressure is recorded as two numbers in a fraction such as 122/86. The top number (122) is known as the "systolic" pressure during which the heart is contracting and pumping blood away from itself through the arteries, to the organs, tissue and muscle. The bottom number (86) is called "diastolic" pressure during which the heart is at rest. New sblood pressure guidelines include a new category called prehypertension.

CLASSIFICATION OF BLOOD PRESSURE (BP)*						
Category	SBPmmHg		DBP mmHg			
Normal	<120	and	<80			
Prehypertension	120-139	or	80-89			
Hypertension, Stage 1	140-159	or	90-99			
Hypertension, Stage 2	>160	or	>100			

Key: SBP = systolic blood pressure

DBP = diastolic blood pressure

What are the risk factors?

The risk factors for developing hypertension can be hereditary and/or lifestyle-related, or both. Hypertension is more likely to occur if it runs in an individual's family. However, this is the only risk factor that cannot be changed. Risk factors you can change include:

High amounts of salt in the diet, if you are salt sensitive
Smoking
Being overweight
Being in poor aerobic health due to a sedentary lifestyle
Experiencing recurrent high stress
Consuming high amounts of alcohol and saturated fats

Making healthy choices regarding blood pressure.

The choices we make over time can cause or prevent a chronic disease such as hypertension. Just as the above un-healthy behaviors can lead to facing the "Silent Killer," healthy choices can prevent that from happening or allow indi-viduals with hypertension to manage their condition effectively.

^{*}If systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. For example, 160/80 mmHg would be classified as Hypertension, Stage 2

Making healthy choices if you do not have hypertension.

Have your blood pressure checked regularly
Manage your weight (see height weight chart below)
Exercise regularly (3 – 5 days/week for 20-30 minutes)
Limit caffeine intake
Eat healthy, balanced low-fat, low-salt meals
Learn to manage stress
Stop smoking
Reduce alcohol use

Making healthy choices if you have hypertension.

Being diagnosed with hypertension and being required to take daily medication does not mean that an individual is powerless over their condition. They can also follow the recommendations above under the supervision of their physician and should adhere to the following:

Staying on their medication schedule, keeping a diary if necessary (see Personal Health Journal Section)

Self-monitoring at home using a sphygmomanometer Regular visits to their physician to check blood pressure and medication Record and report medication side effects and other symptoms immediately.

HEIGHT and WEIGHT

Why are they important?

Although body height cannot be modified, body weight can. Being overweight or obese or being underweight can place individuals at risk of developing health problems. Height is important because it is used as a variable to measure the extent to which an individual is considered overweight or underweight. The table below describes weight ranges for women and men according to height.

	lealthy Weight Ranges	for Men and	Women		
			2		
Height*	Weight (in Pounds)†	Height*	Weight (in Pounds)†		
4'10"	91-119	5'9"	129-169		
4'11"	97-128	5'10"	132-174		
5'0"	97-128	5'11"	136-179		
5'1"	101-132	6'0"	140-184		
5'2"	104-137	6'1"	144-189		
5'3"	107-141	6'2"	148-195		
5'4"	111-146	6'3"	152-200		
5'5"	114-150	6'4"	156-205		
5'6"	118-155	6'5"	160-211		
5'7"	121-160	6'6"	164-216		
5'8"	125-164				
	* without shoes † without clothes				

What risks are linked to with being overweight or "over fat?"

Being overweight contributes to hypertension, heart disease, diabetes and even cancer.

How could the Height/Weight Chart results be used?

If you are overweight:

Check with your doctor before starting an exercise and/or weight loss program.

Begin slowly, exercising 3 days per week, for 20-30 minutes per session. You may gradually increase the length of each session to 30-60 minutes, or increase the number of times you exercise to three to five days per week, keeping the amount of time the same. Walking is one of the best choices for initiating healthy weight loss through exercise.

Reduce fat in your diet by:

Avoiding fried dishes and fast foods. Instead, choose baked, broiled, grilled or steamed meats (lean red meat, skinless chicken and fish).

Reducing the use of fat-based sauces, gravies, dressings, mayonnaise, butter, etc. and increase the use of low fat dairy products such as skim milk.

Eliminate "junk" foods such as potato chips, sugary snacks and carbonated drinks.

Increase <u>daily</u> consumption of fresh fruits, vegetables and grains.

Increase water consumption to 8 glasses per day.

Eat when you are truly hungry and not out of boredom.

BLOOD LIPOPROTEIN PROFILE

What are blood lipids?

A "lipid" is a scientific term that refers to an organic compound composed of carbon, oxygen and hydrogen. Lipids include fat, cholesterol and other fat-like substances that do not dissolve in water. Blood lipids are fat cells that are transported to various tissues and organs in the body via the bloodstream. The blood lipids that are assessed are:

<u>Total Cholesterol</u> is a waxy substance that is necessary for normal body function. There are two types of cholesterol:

- 1) Blood cholesterol which occurs naturally in every cell in the body and circulates in the blood stream; and
- 2) Dietary cholesterol which is found in food groups of animal origin. The liver produces enough cholesterol to meet the body's needs without the addition of dietary sources.

What is the significance of dietary cholesterol?

A diet that is high in saturated fat (fats from animal sources), smoking, being overweight and lack of regular aerobic activity (walking, swimming) can cause your blood cholesterol level to rise above recommended levels. The table matches risk for heart disease with total blood cholesterol measurements.

Low Density Lipoprotein (LDL) blood cholesterol is the cholesterol that is carried through the blood stream by low-density lipoproteins. It has been dubbed "bad cholesterol" because it has a tendency to form deposits that stick to the walls of arteries and other blood vessels, contributing to hypertension and heart disease.

High Density Lipoprotein (HDL) blood cholesterol or "good cholesterol" carries excess cholesterol away from the body so it can be excreted.

Triglycerides are the form that fat takes as it is carried through the blood stream to the body's tissues. Most body fat is stored in the form of triglycerides. Having high triglyceride levels (above 200 mg/dl) will not necessarily raise one's risk for heart disease. However, combining high triglyceride levels with high LDL and low HDL has been linked to increased risk for heart disease.

Many people with high triglycerides have underlying diseases or genetic disorders. If this applies to you, the main therapy is to change your lifestyle. This includes controlling your weight, eating foods low in saturated fat and cholesterol, exercising regularly, not smoking and, in some cases, drinking less alcohol. People with high triglycerides may also need to limit their intake of carbohydrates to no more than 45-50 percent of total calories. The reason for this is that carbohydrates raise triglycerides and lower HDL cholesterol. Use products with monounsaturated and polyunsaturated fats.

NEW GUIDE FOR CHOLESTEROL TREATMENT

Aggressive new guidelines for doctors treating people at risk for heart disease could nearly triple the number of Americans taking drugs to lower their cholesterol. The new guidelines recommend use of different tests to screen for high cholesterol and revise the optimal standards for good and bad cholesterol.

Total Cholesterol Levels	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High Risk
LDL Levels	LDL-Cholesterol Category
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline High
160-189 mg/dL	High
190 mg/dL and above	Very High
HDL Levels	HDL-Cholesterol Category
Less than 40 mg/dL	High Risk
60 mg/dL and above	Desirable
Triglycerides Levels	Triglycerides Category
Less than 150 mg/dL	Normal
150 - 199 mg/dL	Borderline High
200 mg/dL - 499 mg/dL	High
500 mg/dL and above	Very High

For more information concerning the new cholesterol guidelines visit the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov or The American Heart Association at www.americanheart.org.

How can I lower my total cholesterol and LDL levels if necessary while increasing my HDL level?

- ✓ Eat less saturated fat and other foods that are already high in cholesterol. Since the liver uses saturated fat to produce cholesterol, the more saturated fat one consumes, the more cholesterol the liver will produce. Since saturated fats are found in animal products such as fatty meats and dairy products as well as hydrogenated vegetable oils, it is wise to replace these with healthier foods.
- ✓ Eat more complex carbohydrate foods such as breads, pastas, cereals, rice, peas, beans, fruits and vegetables. These are more nutritious and are much lower in fat.
- ✓ Lose excess weight if necessary. Under the supervision of your physician, you may wish to begin a regular exercise program. Dietary changes and increased physical activity have been proven to enhance healthy weight maintenance. Aerobic exercise at least three days per week can increase HDL levels.
- ✓ Quit smoking. Smoking contributes to the risk of developing hypertension and cancer. Quitting reduces those risks and can also elevate the favorable HDL cholesterol levels.

BLOOD CHEMISTRY PROFILE

What does it measure? Of these three components, glucose measurement is most significant.

Blood Glucose levels Blood Urea Nitrogen (BUN) and Creatinine Electrolyte levels

Why is diabetes screening part of this screening protocol?

Unfortunately, South Carolina has the second highest incidence of diabetes in the entire United States, after Missouri. Studies show that diabetes is more common in African-Americans; is more prevalent among women in general and, in the South, is most common among women aged 64 and older. However, the main reason that diabetes screening is essential is because nearly half of the diabetic population in the U.S. is unaware that they have this potentially life threatening disease!

What are the different blood glucose levels that indicate risk and/or detection of diabetes?

Glucose levels in the bloodstream are measured to determine whether an individual is at risk for developing diabetes or has the disease. Blood glucose levels vary according to the length of time a person has fasted prior to being tested. After fasting for 12 hours (no food intake for 12 hours) blood glucose below 110 milligrams per tenth of a liter of blood (mg/dl) is normal; pre-diabetes is 110 to 125 mg/dl and diabetes is 126 mg/dl or above.

What are the potential consequences of undetected or undiagnosed diabetes?

Undetected and/or untreated diabetes can lead to a dangerously high build up of blood sugar levels. Such complications can lead to development of heart disease and/or kidney disease, stroke, blindness, nerve damage and even leg and foot amputations due to gangrene.

What is diabetes?

The American Diabetes Association and the US Department of Health and Human Services now use the term "pre-diabetes" to describe blood sugar levels that are higher than normal but not yet indicative of full-blown diabetes. They are also urging that more people be screened. Left untreated, most people with pre-diabetes will go on to develop diabetes within 10 years. Diabetes is a disease that does not allow the body to produce or properly utilize **insulin**. Insulin, a hormone produced in the pancreas, is essential for converting the foods we consume into glucose. Glucose supplies the energy we need for daily life. There are two types of diabetes: Type 1, which requires daily insulin injections and Type 2, which can be managed though proper diet and exercise.

Type 1 Diabetes usually occurs in persons under age 30, appearing during childhood and adolescence. Warning symptoms include:

Frequent urination and unusual thirst
Extreme hunger
Rapid weight loss
Irritability, nausea and vomiting.

Note: These symptoms occur suddenly and require immediate medical attention.

Type 2 diabetes is more common and develops in persons over age 40 and/or who are overweight. Warning signs for Type 2 include:

Frequent urination and unusual thirst
Weight gain or loss
Low energy, drowsiness or fatigue
Blurred vision or dizziness
Frequent infections/ dry skin
Tingling and numbness of the feet
Family history of diabetes

Note: The onset of Type 2 diabetes is often gradual and undramatic.

Who should be tested for diabetes?

There are two conditions for diabetes screening:

- 1. According to the America Diabetes Association (ADA) general guidelines, testing should be considered for all individuals aged 45 and older. If test results are normal, then testing should occur every three years.
- 2. ADA recommends testing at a younger age or more often for individuals who meet the following criteria:
- They are obese and/or physically inactive.
- They have a first degree relative with diabetes (ie. parent or sibling).
- They are members of a high-risk ethnic population (Hispanic, African/Asian-American, American Indian).
- They have delivered a baby weighing over 9 lbs. or have a history of Gestational diabetes.
- They have hypertension with a blood pressure above 140/90.
- Their Triglycerides level is 250 mg/dl or more and/or a HDL cholesterol is 35mg/dl or less.
- Polycystic ovary disease.
- Pre-diabetes a condition with fasting blood glucose level of 110 mg/dl to 125 mg/dl.

Blood Urea Nitrogen (BUN) and Creatinine Analysis

This test consists of four components which work together to assess the health of the kidneys.

Electrolyte Levels

The electrolytes measured in the blood stream are Sodium, Potassium, Chloride and Bicarbonate. These four elements control the body's pH (acid/base) and water balance.

HEMOGRAM

The Hemogram comprises four tests that measure:

- White blood cells, the body's primary means of defense against illness. White blood cells react to invasive bacteria by attacking them and preventing potential infection.
- Red blood cells (RBC) transport oxygen from the lungs to the organs, muscles and other body tissues.
- Hemoglobin (HGB) is also found inside red blood cells giving them their red color. It is a chemical that contributes to the transport of oxygen to and carbon dioxide from the body's tissues and organs.
- Hematocrit (HCT) means "to divide or separate." This test measures the number of red blood cells in entire blood stream.

Note: A significantly low reading on any one of the RBC, HGB or HCT could indicate various types of anemia which could signify diseases of the entire body or the blood stream.

WHEN SHOULD I....

The U.S. Preventive Services Task Force recommends screening guidelines to help you maintain health. Below is a convenient chart that will help you to remember when it is time to go for your check-ups. Just look for your age range, and follow along with the list at left.

Adult Preventive Health Guidelines	20-29	30-39	40-49	50-64	65-74	75+
Blood Pressure	Every 3-5 years	Every 1-2 years	Every 1-2 years	Every 1-2 years	Yearly	Yearly
Cholesterol*	Every 3-5 years**	Yearly for men age 35 and older	Yearly for women age 45 and older	Yearly	Yearly	Yearly
Pap Smear/ Pelvic Exam***	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	***
Mammograms		One Baseline****	Every 1-2 years	Yearly	Yearly	****
Physician Breast Exam	Every 1-2 years	Every 1-2 years	Yearly	Yearly	Yearly	***
Breast Self Exam	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Physician Testicular Exam	Every 4-5 years	Every 4-5 years	Every 4-5 years	Every 4-5 years	****	****
Testicular Self Exam	Monthly	Monthly	Monthly	Monthly	Monthly	****
Stool Blood Test* (and/or sigmoidos- copy after age 50)				Yearly	Yearly	Yearly
General Health Assessment	Every 4-5 years	Every 4-5 years	Every 4-5 years	Every 2 years	Every 1-2 years	Every 1- 2 years
Prostate Exam (consult your physician)				****	***	***
Glucose	have one or	erweight or more diabe- factors	Yearly if 45 or older and overweight	Yearly if overweight	Yearly if overweight	Yearly if over- weight

- * People at high risk may need monitoring more often. See your primary care physician.
- ** Younger adults (men aged 20-35 and women aged 20-45) should be screened if they have other risk factors for heart disease. These risk factors include tobacco use, diabetes, a family history of heart disease or high cholesterol, or high blood pressure.
- *** May discontinue with no abnormal findings after a significant number of Pap smears.
- **** Your risk factors will determine how often you should get these check-ups. Check with your primary care physician.

Personal Health Journal

Let the Personal Health Journal serve as a onestop source of vital information about your health. You can record your medical data in it. At the same time, you will find its facts and checklist can increase your awareness of preventive health care. Do yourself a service by filling out the journal today, and by taking it along whenever you visit your doctor, hospital or clinic.

The Preventive Worksite Screening is only one of several services that Prevention Partners offers to active State Health Plan subscribers, their spouses, dependents and retirees. Workshops include Asthma, Diabetes and Healthy Heart. To learn more about Prevention Partners and the services we offer, visit us at www.eip.state.sc.us - a wealth of information is at your fingertips!

PERSONAL

Important Information

Name:		Phone Number:
Address:		Date of Birth:
Height:	Weight:	Blood Type:
Family Doctor:		
Name:	Ph	one Number:
Address:		
Other Health Care Providers		
Name:		Phone Number:
Address:		Specialty:
Name:		Phone Number:
Address:		Specialty:
Name:		Phone Number:
Address:		Specialty:

VISITS TO DOCTOR

Date	Doctor	Reason For Visit	Blood Pressure	Weight	Total Cholesterol	HDL	LDL

CURRENT MEDICATION LIST

Medication	Rx Number	Date	Doctor	Dose/ Frequency	Pharmacy/ Phone #	Reaction (if any)

Include vitamins and over-the-counter medications

TEST/PROCEDURES

Date	Doctor	Test or Procedure	Hospital or Clinic	Result	Phone Number

Include X-rays, ECGs, sonograms (ultrasound), etc.

IF IN DOUBT, ASK!

Questions to Ask Your Pharmacist

What is the name of this drug, and how is it supposed to help me?

Can I stop taking the medication if my symptoms disappear?

Are there any non-drug treatment options that you would recommend?

Does this medicine come in another form (if you have trouble swallowing pills, syrup, etc.)

Should I take this pill with water, or may I take it with juice or milk instead?

What should I do if I forget to take one dose? Two doses?

How soon can I expect results?

Can I drink alcohol or smoke while taking this medicine?

Are there any foods, prescription or non-prescription drugs, or vitamin supplements that may affect this medication? Should I quit taking them until I finish this prescription?

TIPS ABOUT DRUG AND FOOD INTERACTIONS

- Always read directions, warnings, and precautions.
- ❖ Don't mix medication into food. Some foods contain substances that might alter the drug. Breaking apart the medication can also alter the effect of the drug.
- Don't mix medications into hot beverages. Heat can destroy or alter the effect of the drug.
- **❖ Avoid alcohol.** It can enhance or reduce the effect of the drug.
- ❖ Don't take your medication at the same time that you take your vitamin or mineral supplement. Sometimes, the nutrients can bind with the drug ingredient, leading to reduced absorption or faster elimination.
- Unless otherwise directed, take medicines with water on an empty stomach. Drugs generally are absorbed faster this way. Make sure and check your prescription directions to see if it is recommended to take your medication with food.
- Always check with your pharmacist if you have any questions about the correct way to take your medication!

What are the possible side effects of this medication? Should I report them to you or my doctor?

Will this drug make me drowsy? Will it impair my ability to drive or operate heavy machinery?

Where can I obtain written information about this medication?

Can I increase or decrease the dosage at my own discretion?

Should this medication be taken, before, with or after meals?

Would the generic form of this drug work just as well as the name brand version of this drug? Would it cost less?

Prevention Partners Order Form

All prices incl	ude South Carolina sales	tax, and the	re are no	shipping charge	es.
Item:			Quantity:	Price Each:	Total for Item:
Every Step Counts – Walking propocket-size instruction guide.	ogram that includes pedometer with	n carry bag and		\$15.75	
Back on Track – Back pain and in exercise video, dyna-band with instr		des manual,		\$10.50	
Tension Tamer – Stress-managen cassette, squeezable stress ball and		relaxation		\$10.50	
Self-Care Guide – Handy publica general health care questions, and w	_	h self care,		\$7.35	
Weight Management Software computers: Weight Loss Planner, M		-		\$10.50	
Fast Food Guide – Pocket-size grother ingredient information from m		ol, sodium and		\$1.58	
Low-Fat Cookbook – 82-page colow-fat recipes, along with nutrition	•	and healthy		\$5.25	
				Enter Total for All Items	s Here:
Name:		Employer:			
Address:					
City:		State:	Zip:		
Work Telephone:	Home Telephone	E	-mail:		
Make check page	yable to Employee Insurance Progra	am. Sorry, no ca	sh or purchas	e orders accepted.	
	Please mail check and Prevention Employee Insura 1201 Main Stre Columbia, S	Partners ance Program et, Suite 830	to:		

Questions? Call **Prevention Partners** at 803-737-3820.

Prevention Partners Employee Insurance Program South Carolina Budget & Control Board

Programs, Services, Resources and Activities

Professional Education

Annual Health at Work Conference Orientations and consulting upon request Prevention Partners Coordinator Training

Disease Prevention and Early Detection

Self-Paced Programs for Health Promotion

Fast Food Guide
Self-Care Guides
Back on Track, Back Pain Injury Prevention
Low-Fat Cookbook
Tension Tamers, Stress Management
Weight Management Software
Every Step Counts - Pedometer Walking Program

Incentive Programs

Fall Into Fitness Great Weight Maintenance Marathon "Challenge" - Total Well-being

Service Resources

Coordinators' Communiqué Bulletin Board Service Avenues Newsletter Resource Materials

Incentive & Promotional Items

Special Event T-shirts
Relaxation Tapes
Stress Balls
Low Fat Food Finder
Health Slide

Special Events

Spring Wellness Walk Regional Meetings Topical Training Workshops

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